

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	: Anke Althoff et al	Art Unit	: 1731
Serial No.	: 10/523,345	Examiner	: Russell J. Kemmerle III
Filed	: October 11, 2005	Confirmation No.:	5755
		Notice of Allowance Date:	
Title	: METHOD FOR PRODUCING A CERAMIC SUBSTRATE		

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed January 6, 2010, enclosed are a completed issue fee transmittal form PTOL-85b, transmittal of 1 sheet of formal drawings, and payment in the amount of \$1,810 for the required issue and publication fees.

Please apply any additional charges or credits to our Deposit Account No. 06-1050.

Respectfully submitted,

April 6, 2010
Date: _____

/Paul Pysher/

Paul A. Pysher
Reg. No. 40,780

Customer Number 26161
Fish & Richardson P.C.
Telephone: (617) 542-5070
Facsimile: (877) 769-7945

PART B – FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571) 273-2885**

or **Fax**

INSTRUCTIONS: This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

26161

7590

01/06/2010

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

**FISH & RICHARDSON P.C.
P.O. Box 1022
Minneapolis, MN 55440-1022**

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/523,345	10/11/2005	Anke Althoff	14219-0074US1	5755

TITLE OF INVENTION: **METHOD FOR PRODUCING A CERAMIC SUBSTRATE**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	04/06/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
KEMMERLE, RUSSELL J.	1791	264-620000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

EPCOS AG

Munich, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ [X] corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☒ The requisite fees are being paid electronically with this submission.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director is hereby authorized to charge any deficiency in fee(s), or credit any overpayment, to Deposit Account Number _____ (06-1050).

5. Change in Entity Status (from status indicated above)

☐ Ja. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ Jb. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered agent or, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature) Paul Pyscher

Typed or Printed Name Paul A. Pyscher

(Date) April 6, 2010

Registration No. 40,780

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEES(S)